

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90092 029 \*\*\*\*61.25

**DOCUMENT # N03000003844**

1. Entity Name

DIVE MIAMI ALLIANCE INC.



Principal Place of Business

3901 NW 145 STREET  
MIAMI FL 33054

Mailing Address

PO BOX 661438  
MIAMI FL 33266-1438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0017252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEAL, STEPHEN  
1629 WESTWARD DRIVE  
MIAMI, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME *CHAIRMAN & TRUSTEE*  
STREET ADDRESS *RIK BARBERS*  
CITY-ST-ZIP *2852 NW 72ND AVE*  
*MIAMI FL 33122*

TITLE ☐ Delete  
NAME *PRESIDENT & TRUSTEE*  
STREET ADDRESS *HENRY PER CLARK*  
CITY-ST-ZIP *169 SUNNY BLVD*  
*SUNNY BLVD FL 33160*

TITLE ☐ Delete  
NAME *TRUSTEE*  
STREET ADDRESS *CAROLINE HARRIS JR*  
CITY-ST-ZIP *4633 S. LANE RD*  
*COVINGTON GA 33146*

TITLE ☐ Delete  
NAME *TRUSTEE*  
STREET ADDRESS *RIK SMITH*  
CITY-ST-ZIP *3901 NW 145 ST*  
*MIAMI FL 33054*

TITLE ☐ Delete  
NAME *TRUSTEE*  
STREET ADDRESS *STEPHEN O'NEAL*  
CITY-ST-ZIP *1629 WESTWARD DRIVE*  
*MIAMI FL 33166*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-04 305-871-7982